



Initial Application  
 Amended Application  
Date: 6/1/2022 By: [Signature]

STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CC2022-04

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Deb Harris 4 Flagstaff  
(first or last name & office)

Candidate Information:

Candidate's Name (required): Deborah Harris

Candidate's mailing address (required): 25 W. Soap Creek Trl. Flag 86005

Candidate's email address (required): debflagstaff@gmail.com

Candidate's phone number (required): 928 600-2858

Candidate's website (if any): N/A

Office Sought (choose one):  
 Governor     Secretary of State     Attorney General     State Treasurer  
 Superintendent of Public Instruction     State Mine Inspector     Corporation Commissioner

State Senate     State House of Representatives     District (required): \_\_\_\_\_

County Office: \_\_\_\_\_     District (if applicable): \_\_\_\_\_

City/Town Office: Flagstaff City Council     District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): Nov. 8, 2022

Party Affiliation (required for partisan offices):  
 Democrat     Green     Libertarian     Republican     Other: \_\_\_\_\_

Political Action Committee (PAC)

Committee Name (required): \_\_\_\_\_  
(if sponsored, must include sponsor's name)

Political Function (optional):  
(select any that apply)     Contributions     Candidate-Related Independent Expenditures  
 Ballot Measure Expenditures     Recall Expenditures

Sponsorship Information (if applicable):  
Sponsor's name or nickname (required): \_\_\_\_\_  
Sponsor's mailing address (required): \_\_\_\_\_  
Sponsor's email address (required): \_\_\_\_\_  
Sponsor's phone number (if any): \_\_\_\_\_  
Sponsor's website (if any): \_\_\_\_\_

Special Status (if applicable):  
 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 Standing Committee (must also complete separate standing committee registration)  
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

Political Party

Committee Name (required): \_\_\_\_\_  
(must include party affiliation)

Jurisdiction:  
 State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  
 County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  
 Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable):  
 Standing Committee (must also complete separate standing committee registration)

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**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): Box 486 Flagstaff, AZ 86002  
Committee's email address (required): debflagstaff@gmail.com  
Committee's phone number (if any): (928) 600-2858  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Deborah Harris  
Chairperson's physical address (required): 25 W. Soap Creek Trl, 86005  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): debflagstaff@gmail.com  
Chairperson's phone number (required): (928) 600-2858  
Chairperson's employer (required): Retired  
Chairperson's occupation (required): Retiree

**Treasurer's Information:** Treasurer's name (required): N/A  
Treasurer's physical address (required): \_\_\_\_\_  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): \_\_\_\_\_  
Treasurer's phone number (required): \_\_\_\_\_  
Treasurer's employer (required): \_\_\_\_\_  
Treasurer's occupation (required): \_\_\_\_\_

**Bank or Financial Institution:** Bank name (required): Alliance  
(do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
Additional bank name (if applicable): \_\_\_\_\_

**DECLARATION AND SIGNATURES:**

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: Deborah Harris Date: 6/1/2022

Treasurer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's signature (if applicable): Deborah Harris Date: 6/1/2022